

County: Sheboygan
MORNINGSIDE HEALTH CENTER

Facility ID: 5740

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3431 NORTH 13TH STREET
SHEBOYGAN 53083 Phone: (920) 457-5046

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/00): 72

Total Licensed Bed Capacity (12/31/00): 72

Number of Residents on 12/31/00: 70

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Average Daily Census:

Corporation

Skilled

No

Yes

68

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)	
		Primary Diagnosis	%	Age Groups	%		%
Home Health Care	No					Less Than 1 Year	45.7
Supp. Home Care-Personal Care	No					1 - 4 Years	35.7
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.4	More Than 4 Years	18.6
Day Services	No	Mental Illness (Org./Psy)	8.6	65 - 74	7.1		
Respite Care	No	Mental Illness (Other)	4.3	75 - 84	21.4		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	60.0	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	10.0	Full-Time Equivalent	
Congregate Meals	No	Cancer	2.9			Nursing Staff per 100 Residents	
Home Delivered Meals	No	Fractures	11.4		100.0	(12/31/00)	
Other Meals	No	Cardiovascular	15.7	65 & Over	98.6		
Transportation	No	Cerebrovascular	11.4			RNs	11.5
Referral Service	No	Diabetes	7.1	Sex	%	LPNs	2.6
Other Services	No	Respiratory	2.9			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	35.7	Male	27.1	Aides & Orderlies	
Mentally Ill	No			Female	72.9		38.5
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other			Private Pay			Managed Care			Total	Percent Of All Residents
	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate		
Int. Skilled Care	0	0.0	\$0.00	1	2.9	\$118.13	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	1.4%
Skilled Care	5	100.0	\$383.04	18	51.4	\$100.85	0	0.0	\$0.00	29	96.7	\$124.00	0	0.0	\$0.00	52	74.3%
Intermediate	---	---	---	16	45.7	\$83.57	0	0.0	\$0.00	1	3.3	\$124.00	0	0.0	\$0.00	17	24.3%
Limited Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	5	100.0		35	100.0		0	0.0		30	100.0		0	0.0		70	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Percent Admissions from:						
Private Home/No Home Health	11.8	Bathing	11.4	80.0	8.6	70
Private Home/With Home Health	0.0	Dressing	10.0	78.6	11.4	70
Other Nursing Homes	12.9	Transferring	32.9	61.4	5.7	70
Acute Care Hospitals	73.1	Toilet Use	25.7	70.0	4.3	70
Psych. Hosp. -MR/DD Facilities	0.0	Eating	62.9	30.0	7.1	70
Rehabilitation Hospitals	0.0	*****				
Other Locations	2.2	Continence		%	Special Treatments	%
Total Number of Admissions	93	Indwelling Or External Catheter	4.3		Receiving Respiratory Care	2.9
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	58.6		Receiving Tracheostomy Care	0.0
Private Home/No Home Health	33.7	Occ/Freq. Incontinent of Bowel	32.9		Receiving Suctioning	0.0
Private Home/With Home Health	0.0				Receiving Ostomy Care	2.9
Other Nursing Homes	3.3	Mobility			Receiving Tube Feeding	2.9
Acute Care Hospitals	3.3	Physically Restrained	7.1		Receiving Mechanically Altered Diets	28.6
Psych. Hosp. -MR/DD Facilities	0.0				Other Resident Characteristics	
Rehabilitation Hospitals	0.0	Skin Care			Have Advance Directives	82.9
Other Locations	2.2	With Pressure Sores	2.9		Medications	
Deaths	57.6	With Rashes	1.4		Receiving Psychoactive Drugs	42.9
Total Number of Discharges (Including Deaths)	92	*****				

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	Ownership:			Bed Size:		Licensure:		All	
	This Facility	Peer Group	Ratio	50-99	Peer Group	Skilled	Peer Group	Facilities	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94.4	82.5	1.14	87.3	1.08	84.1	1.12	84.5	1.12
Current Residents from In-County	98.6	83.3	1.18	80.3	1.23	83.5	1.18	77.5	1.27
Admissions from In-County, Still Residing	33.3	19.9	1.68	21.1	1.58	22.9	1.46	21.5	1.55
Admissions/Average Daily Census	136.8	170.1	0.80	141.8	0.96	134.3	1.02	124.3	1.10
Discharges/Average Daily Census	135.3	170.7	0.79	143.0	0.95	135.6	1.00	126.1	1.07
Discharges To Private Residence/Average Daily Census	45.6	70.8	0.64	59.4	0.77	53.6	0.85	49.9	0.91
Residents Receiving Skilled Care	75.7	91.2	0.83	88.3	0.86	90.1	0.84	83.3	0.91
Residents Aged 65 and Older	98.6	93.7	1.05	95.8	1.03	92.7	1.06	87.7	1.12
Title 19 (Medicaid) Funded Residents	50.0	62.6	0.80	57.8	0.87	63.5	0.79	69.0	0.72
Private Pay Funded Residents	42.9	24.4	1.76	33.2	1.29	27.0	1.59	22.6	1.90
Developmentally Disabled Residents	0.0	0.8	0.00	0.7	0.00	1.3	0.00	7.6	0.00
Mentally Ill Residents	12.9	30.6	0.42	32.6	0.39	37.3	0.34	33.3	0.39
General Medical Service Residents	35.7	19.9	1.79	19.2	1.86	19.2	1.86	18.4	1.94
Impaired ADL (Mean)	40.0	48.6	0.82	48.3	0.83	49.7	0.81	49.4	0.81
Psychological Problems	42.9	47.2	0.91	47.4	0.90	50.7	0.84	50.1	0.86
Nursing Care Required (Mean)	5.2	6.2	0.84	6.1	0.85	6.4	0.80	7.2	0.72